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Case 2:15-cv-04118-B

Case 2:15-cv-04118-BCW Document 1-1 Filed 05/18/15 Page 3 of 10

MORGAN COUNTY ADJUST DETENTION TIME DATE FILED CENTER INMATE GRIDVANCE 8:00 Am 2-15-15 RACILITY USB ONDY INMATE LAST NAME BOOKING NUMBER DATE OF BIRTH CELL ASSIGNMENT 00053 I am submitting the following grievance for consideration and resolution by the MCADC Correctional Administrator, designee or appropriate staff member. If you feel that you have been subject to abuse or deprived of rights while incarcerated, then you must file, in writing on this form, your grievance within (48) forty-eight hours of the alleged abuse or deprivation. I further understand that by MCADC policy I am entitled to a response to my grievance in a timely manner of submitting my request by the correctional administrator. I also understand that I have the right to appeal the action taken by the MCADC correctional administrator to the jail administrator, chief deputy, sheriff, which must be done within (48) forty-eight hours of receiving written notification from the correctional administrator. The appeal must be on a new grievance form with "To Who - Grievance Appeal" written at the top. Explain in clear and plain language what your grievance is, and what you want done to resolve this issue. Grievances that are not clear and understandable or have foul language will NOT be accepted - write legibly. DATE RECEIVED BY DSN DATE TIME ADMINISTRATOR DESIGNED RESPONSE

You have the right to appeal this decision. You must file an appeal form with the administrator within (48) forty-eight hours from the day you receive this decision. Failure to submit within the time frame constitutes abandonment of the grievance

ADMINISTRATOR / DESIGNEE

GRIEVANCE NUMBER

DATE

I wever Recieved any Notice of MAIL being Confiscated And the CARd was Never Returned. My wife has been Subjected to humilation of the worse Kind I feel this has been Apensonal Attack on me + my wife. The pain and Suffering is more than She Should have been put thu. Mental Anguish Like this CAn do A LiFe time of alamage. The Actions of My PAST PARE Just Hmat, A Hing of my PAST. My Family Should Never be put thru this Krel of TRADI ment. My wife will be in Contact with the Proper Athorities on this Moster. She will Also be Conneting our Attorney, I want my Visits to be Returned to me. I Also want An Apology to me And my wife For being treated this way I Also want to Know how long For these "lab test" to be back And What they ARE tosting For. My wite and I have given our lives to Christo We Shouldix have this Kind OF Stress Added to us. We need this time to focus on God And my Case And our Children As well that Mean So much to US. IF there was Any type of Drugs on Parson you should have tested it Frest And then mode An ARREST, We don't Condone this or Muy other Such Behavior

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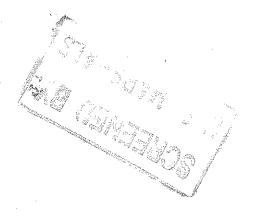
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MORGAN COUNTY ADULT DETENTION

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